

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS D. PRACTICES COMMISSION 2013 MAR IL PM 1.2

Datr'	Peceived
Off;	Use Only

Please type or print in ink.		(FIRST) PM 1-21 (MIDDLE)
NAME OF FILER (LAST)	<u> </u>	(FIRST) (MIDDLE)
Tucker	Denise	C.
1. Office, Agency, or Court		
Agency Name		
City of Gilroy		
Division, Board, Department, District, if applicable		Your Position
City Council		City Council Member
▶ If filing for multiple positions, list below or on an attac	hment.	
Agency: Community Development Agency		Position: Board Member
2. Jurisdiction of Office (Check at least one box	9	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
✓ City of Gilroy		•
[2] City of		Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2012, this December 31, 2012.	rough	Leaving Office: Date Left/(Check one)
The period covered is/	, through	O The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Election year a	and office sought, if differ	rent than Part 1:
4. Schedule Summary		4
Check applicable schedules or "None."	► Iotal nui	mber of pages including this cover page:
Schedule A-1 - investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
✓ Schedule A-2 - Investments – schedule attached	_	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached	□ \$	Schedule E - Income - Gifts - Travel Payments - schedule attached
□ None -	•or- No reportable interests of	on any schedule
5. Verification		
I certify under penalty of perjury under the laws of th	ne State o	
03/44/2042		
Date Signed 03/11/2013		
(month, day, year)		

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Denise C. Tucker	

Sean Anthony's Refinishing GENERAL DESCRIPTION OF BUSINESS ACTIVITY Furniture Refinishing FAIR MARKET VALUE \$2,000 - \$10,000 \$10,0001 - \$100,000 \$10,0001 - \$100,000 \$100,0001 - \$1,000,000 \$100,0001	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Semiconductor	Sean Anthony's Refinishing	Applied Materials
FAIR MARKET VALUE	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$100,001 - \$100,000 \$1	Furniture Refinishing	Semiconductor
\$100,001 - \$1,000,000	FAIR MARKET VALUE	FAIR MARKET VALUE
NATURE OF INVESTMENT Sole Proprietorship (Describe) (Describe	\$2,000 - \$10,000 \$10,001 - \$100,000	☐ \$2,000 - \$10,000 ☑ \$10,001 - \$100,000
Partnership O Income Received of \$5.0 499 Partnership O Income Received of \$5.00 or More (Paport on Schedule C) IF APPLICABLE, LIST DATE:	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Partnership Income Received of \$0 - \$499 Partnership Income Received of \$0 - \$499 Partnership Income Received of \$500 or More (Reper on Schedule C) FAPPLICABLE, LIST DATE:	NATURE OF INVESTMENT Sole Proprietorship	☑ Stock ☐ Other
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	(Describe)	(Describe)
12		
ACQUIRED	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED ACQUIRED DISPOSED		/ / 12 / / 12
GENERAL DESCRIPTION OF BUSINESS ACTIVITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY		ACQUIRED DISPOSED
FAIR MARKET VALUE \$2,000	► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
FAIR MARKET VALUE \$2,000		
\$2,000 - \$10,000	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
\$2,000 - \$10,000	·	
\$2,000 - \$10,000	EAID MADKET VALUE	EAID MADKET VALUE
\$100,001 - \$1,000,000 Over		<u> </u>
NATURE OF INVESTMENT		
Stock		
Partnership Concernible		
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 12	(Describe)	(Describe)
IF APPLICABLE, LIST DATE:		
12	O income Received of \$500 of Wide (Report on Schedule C)	O meditie Necessed of 9300 of Mode (Nepoli of Salisabilis of
ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE \$2,000 ⋅ \$10,000	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE \$2,000 - \$10,000		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY	ACQUIRED DISPOSED	ACQUIRED DISPOSED
FAIR MARKET VALUE \$2,000 - \$10,000	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
FAIR MARKET VALUE \$2,000 - \$10,000		
\$2,000 - \$10,000	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
\$2,000 - \$10,000		
\$2,000 - \$10,000	FAIR MARKET VALUE	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000 S100,000 Over \$1,000,000 Over \$1,000		
Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: 12		
Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: 12		
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: 12		
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:		(Describe)
IF APPLICABLE, LIST DATE:		
	() Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 of More (Report on Schedule C)
	IF APPLIÇABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED ACQUIRED DISPOSED		
••	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	•	•

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICLS COMMISSION	
Name	
Denise C. Tucker	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Sean Anthony's Refinishing	
Name	Name
8505 Church St. #6, Gilroy CA 95020	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Furniture Refinishing	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	SO - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Husband's Business	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION None	
TOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
☐ \$1,001 · \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Allach a separate sheet if necessary)	 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None	None
Neves Custom Cabinets, Divittorio Construction, Child	
Development Center	
A JANUS CHARACT AND INTERPRETE IN DUAL PROOFERING OR	A THRUTCHMENTS AND INTERESTS IN DEAL PRODUCTIVING DO
◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, If Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number of Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$1,000,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
C. 1950.0. Autorambacco or mast C. armeramb	C. Lohold Churchambacca of Mar Caracterinh
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	11
Comments:	FPPC Form 700 (2012/2013) Sch. A-2
VVIIII161(13,	FPPC Advice Fmail: advice@fonc.ca.gov

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Denise C. Tucker

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
City of Gilroy	Applied Materials
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7351 Rosanna St. Gilroy, CA 95020	3101 Scott Blvd, Santa Clara, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
City Council Member	Program Manager, Business Management Ops
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☑ \$10,001 - \$100,000 □ OVER \$100,000	☐ \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
✓ Salary ☐ Spouse's or registered domestic partner's income	✓ Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
(Describe)	(DOSMIDO)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	IOD
_	
	inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to
	itus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ADDRESS (Business Address Acceptable)	%
• •	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	□ Pool Private
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
S500 - \$1,000	
S1,001 - \$10,000	City
S10,001 - \$100,000	Guarantor
	_
OVER \$100,000	Other(Describe)
Comments:	